

## CONFLICT OF INTEREST MANAGEMENT PLAN TEMPLATE

**Generic** (non-Research)

**Type of Conflict(s)** (edit to match the interest type(s))

*(Note all instructions/guidance are in italics and should be removed upon drafting of specific plan)*

Name:

Title:

Department:

This Management Plan will provide transparency and a plan to effectively manage the conflict(s) of interest or commitment summarized below.

### **Summary**

*Provide details on the nature of the activity and/or relationship*

## **Terms of Management Plan**

This plan will be reviewed on an annual (or choose other review frequency) basis to ensure consistent management of the disclosed activities and/or relationships. This plan is designed to assist you in avoiding a perceived, potential or actual COI. In order to assure compliance, the following safeguards must be followed:

### **University employee agrees to:**

*(The following are examples; please select, edit, add, and remove provisions as needed to manage disclosed conflict(s))*

- 1.
- 2.
- 3.
- 4.

**Commitments:**

**Change in Circumstances:**

Any time there is a change in the disclosed activity or relationship, the employee must update his/her University Conflict of Interest Disclosure form within 30 days of change in an existing conflict, which may in turn require a modification to this Management Plan.

**Other:**

*(Use this section to address other concerns or unusual circumstances that need oversight)*

**Oversight Plan (below are examples; choose or modify as necessary):**

1. NAME OF OVERSIGHT MANAGER (should normally be one's immediate supervisor) has been designated as the Oversight Manager for this Management Plan.
2. OVERSIGHT MANAGER will ensure that NAME OF INDIVIDUAL will \_\_\_\_\_
3. OVERSIGHT MANAGER will \_\_\_\_\_
4. OVERSIGHT MANAGER will periodically monitor the employee to assure compliance with this Management Plan.
5. On an annual (or otherwise) basis, OVERSIGHT MANAGER will review this Management Plan with NAME OF INDIVIDUAL to determine progress and what, if any, changes may need to be made to this plan.

\_\_\_\_\_  
University Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Oversight Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Administrator

\_\_\_\_\_  
Date